

6-Minute Walk Results Form

Ordering provider:

- Gregory Smith, MD
- Joyce Johnson, APRN
- Jen Cothorn, APRN
- Kimberly Gambino, APRN

Patient name: _____ Date of birth: ____ / ____ / ____

Today's date: ____ / ____ / ____

Total distance walked: _____

Start Time: _____ : _____ A. M. P. M.

	O ² %	Heart Rate
Starting		
Minute 1		
Minute 2		
Minute 3		
Minute 4		
Minute 5		
Minute 6		

Medical Team Member Initials: _____

Results Reviewed

Provider Signature: _____

Date Reviewed: ____ / ____ / ____